

MULTIPLE-DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)				BUREAU NO.	FILING DATE	
				APPLICANT(1)		
CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13	1					
14		1				
15		1				
16		1				
17	1					
18		1				
19		1				
20		1				
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46						
47						
48						
49						
50						
TOTAL IND.	41					
TOTAL DEP.	16	↔	↔	↔		
TOTAL CLAIMS	20					

BEST AVAILABLE COPY

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51			52			53		
54			55			56		
57			58			59		
60			61			62		
63			64			65		
66			67			68		
69			70			71		
72			73			74		
75			76			77		
78			79			80		
81			82			83		
84			85			86		
87			88			89		
90			91			92		
93			94			95		
96			97			98		
99			100					
TOTAL IND.		↔		↔		↔		
TOTAL DEP.		↔		↔		↔		
TOTAL CLAIMS								